U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-Ŏ188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
E	S Reco No. 1 2 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5/29	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name STEVEN M CISCO	Name I.U.O.E. LOCAL 150	
	Labor Organization File Number 031860	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 6200 JOLIET ROAD	Street 6200 JOLIET ROAD	
City COUNTRYSIDE	City COUNTRYSIDE	
State TILLINOTS ZIP Code + 4 60525	State ILLINOIS ZIP Code + 4 60525	
5. Position in labor organization. RECORDING-CORRESPONDING	SECRETARY	
(except as specified in the exclusion (including loans) with, or one of the exclusion (including loans) with the ex		
(except as specified in the exclusion)  A. Held an interest in, engaged in transactions (including loans) with, or or	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.	
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(except as specified in the exclusion)  A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.	
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A. Held an interest in, engaged in transactions (including loans) with, or emonetary value from an employer whose employees your organization.  Name N/A  Trade Name, if any:  N/A  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  N/A  7.b. Amount.	
A. Held an interest in, engaged in transactions (including loans) with, or emonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).  Name N/A  Trade Name, if any: N/A  P.O. Box, Bldg., Room No., if any N/A  Street N/A	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  N/A  7.b. Amount.  N/A	
A. Held an interest in, engaged in transactions (including loans) with, or emonetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name N/A  Trade Name, if any: N/A  P.O. Box, Bldg., Room No., if any N/A  Street N/A  City N/A  State N/A  ZIP Code +4  N/A	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  N/A  7.b. Amount.  N/A	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b., or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer  11.a. Nature of such dealing.		
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Name MIDWEST OPERATING ENGINEERS  HEALTH & WELFARE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	CONFERENCE FEES FOR 2006 EDU SEMINAR	JCATIONAL	
Street 6240 JOLIET ROAD	11.b. Approximate dollar value of such dealing.	\$1,310.00	
City COUNTRYSIDE	12.a. Nature of interest held or income received.	Consideration of the control of the analysis of the control of the	
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State ILLINOIS ZIP Code + 4 60525			
State ILLINOIS ZIP Code +4 60525	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value. 14.a. Nature of payment.		
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8. Name and address of Business (including trade name, if any).  Name BAUM, SIGMAN, AUERBACH, NEUMAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 200 WEST ADAMS STREET, SUITE 2200  City CHICAGO.  State TLLINOIS ZIP Code +4 60606	9. Business deals with:  X a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	CHRISTMAS GIFT		
Street	11.b. Approximate dollar value of such dealing. \$50.00		
State ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street  City  State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Trade Name, if any:	a. Labor Organization  X b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City   1   1   1   1   1   1   1   1   1			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name RAILROAD MAINTENANCE INDUSTRIAL HEALTH & WELFARE FUND Trade Name, if any:	FOOD AND BEVERAGES AT TRUSTEES MEETING		
P.O. Box, Bldg., Room No., if any			
Street 2205 W. WABASH AVENUE, SUITE 211			
\$\frac{1}{2}  \text{Up}  or one in the enterior of	11.b. Approximate dollar value of such dealing. \$56.35		
City SPRINGFIELD	12.a. Nature of interest held or income received.		
State ILLTNOIS ZIP Code +4 62704			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.		
Name [			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street City			
			State ZIP Code + 4
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing STEVEN M. CISCO	of Person Filing STEVEN M. CISCO File Number U-		
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8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name RAILROAD MAINTENANCE INDUSTRIAL HEALTH & WELFARE FUND Trade Name, if any:  P.O. Box, Bidg., Room No., if any Street 2205 W. WABASH AVENUE, SUITE 211 City SPRINGFIELD State ILLINOIS ZIP Code + 4 62704	FOOD AND BEVERAGES AT TRUS  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	\$26.37	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	,	
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Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4		Managadha ann ann ann ann ann ann ann ann ann a	
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Name RATLROAD MAINTENANCE INDUSTRIAL HEALTH & WELFARE FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any	REIMBURSED EXPENSES FOR ATTENDANCE OF TRUSTEE MEETINGS		
Street 2205 W. WABASH AVENUE, SUITE 211	11.b. Approximate dollar value of such dealing. \$1,368.52	Control of the contro	
City SPRINGFIELD	12.a. Nature of interest held or income received.	a de parte de la constante de	
State ILLINOTS ZIP Code + 4 62704			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	M of Specific had be a collect procured or	
Name			
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P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Name and address of Business (including trade name, if any).	9. Business deals with:		
Name BLUE CROSS BLUE SHIELD	a. Labor Organization		
Trade Name, if any:	X b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 300 EAST RANDOLPH	o. Employo.		
City CHICAGO			
State ILLINOIS ZIP Code + 4 60601			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Marie and approximation and account account account and account accoun	
Name MIDWEST OPERATING ENGINEERS HEALTH & WELFARE FUND Trade Name, if any:	VENDOR MIDWEST OPERATING E HEALTH & WELFARE FUND GO	NGINEERS LF OUTING	
P.O. Box, Bldg., Room No., if any	O. Box, Bldg., Room No., if any		
Street 6240 JOLIET ROAD	11.b. Approximate dollar value of such dealing.	\$217.66	
City COUNTRYSIDE	12.a. Nature of interest held or income received		
State   ILLINOIS   ZIP Code + 4   60525	N/A		
	12.b. Amount.	Tarangana W.A.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount.	Lizarini, M. A. A. Laranda de Laranza.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.	American Control of American Control of Control	
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8. Name and address of Business (including trade name, if any).  Name BLUE CROSS BLUE SHIELD  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 300 EAST RANDOLPH  City CHICAGO  State ILLINOIS ZIP Code + 4 60601	9. Business deals with:  a. Labor Organiza  X b. Trust  c. Employer	ation	
	14 a Natura of such dool	· · · · · · · · · · · · · · · · · · ·	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name MIDWEST OPERATING ENGINEERS  HEALTH & WELFARE FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali VENDOR MIDWEST HEALTH & WELFAI	OPERATING ENGINEERS	
Street 6240 JOLIET ROAD	\$1.5.70 att. 1 d. 1 g. w. a. t. 1 d. d. d. t. t. t		
City COUNTRYSIDE	11.b. Approximate dollar value 12.a. Nature of interest helps		
State TLLTNOTS ZIP Code + 4 60525	N/A		
	40 h Amount	n/A	
	12.b. Amount.	Annual Communication of the Co	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	-	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name N/A			
Trade Name, if any: N/A			
P.O. Box, Bldg., Room No., if any			
Street N/A			
City N/A			
State N/A ZIP Code + 4 N/A			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	N/A	